



# Children's Mental Health Waiver Individual Service Plan Modification

Name of Youth: \_\_\_\_\_

Date of Service Plan: \_\_\_\_\_ Family Care Coordinator: \_\_\_\_\_

Date Modification submitted to MHD: \_\_\_\_\_ Effective Date: \_\_\_\_\_ ☐ N/A

## Service Plan Modification Requested

- ☐ Move service units from one service/provider to another  
*(Complete and attach Pre-Approval form FCC-3)*
- ☐ Change in Waiver Service Provider  
*(Complete and attach ISP Behavior Support Plan FCT-6)*
- ☐ Add a new outcome objective to the Service Plan  
*(Complete and attach Page 2.)*
- ☐ Add a new behavior support plan to the Service Plan  
*(Complete and attach ISP Behavior Support Plan FCT-6)*
- ☐ More Units are required than approved in the current ISP  
*Issue described below – complete and attach Pre-Approval form FCC-3)*

## Explanation/Rationale for Requested Modification

*Provide specific explanation for the plan modification being requested and the Team's response to this change.*

Signatures of Family Care Team Members present (including youth and family):

_____	_____
_____	_____
_____	_____
_____	_____

Family Care Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by MHD \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this page for addition of Outcome Objective**

Outcome Objective #

<b>Action Steps AND Anticipated Completion Date</b>	<b>Responsible Person AND Type of Support</b>	<b>Duration/ Frequency</b>	<b>Methods for Monitoring and Measuring</b>

**Start Date to Begin Work on this Outcome Objective:**

**Projected date for completing Outcome Objective:**